

EXHIBIT 1

CERTIFIED MAIL #7016060000041394773



2018CI01628 S00001

Case Number: 2018-CI-01628

MALIK M S BEY

vs.

BOARD OF GOVERNORS OF THE FEDERAL RESER

(Note: Attached document may contain additional litigants).

FEDERAL RESERVE SYSTEM

2018 FEB -9 AM 9:12

RECEIVED
OFFICE OF THE CLERKIN THE DISTRICT COURT
438th JUDICIAL DISTRICT
BEXAR COUNTY, TEXAS

"THE STATE OF TEXAS"

DIRECTED TO: GOVERNORS OF THE FEDERAL RESERVE SYSTEM

20TH CONSTITUTIONA AVE
N W WASHINGTON DC 20551

"You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this CITATION and ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT, a default judgment may be taken against you." Said CITATION with ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT was filed on the 29th day of January, 2018.

ISSUED UNDER MY HAND AND SEAL OF SAID COURT ON THIS 1ST DAY OF February A.D., 2018.

MALIK MIKAERE SALEEM BEY
ATTORNEY FOR PLAINTIFF
8610 WOODPATH LN
HOUSTON, TX 77075-5738



Donna Kay McKinney
Bexar County District Clerk
101 W. Nueva, Suite 217
San Antonio, Texas 78205

By: *Isaias Ibarra*, Deputy

MALIK M S BEY
vs
BOARD OF GOVERNORS OF THE FEDERAL RESER

Officer's Return

Case Number: 2018-CI-01628
Court: 438th Judicial District Court

Came to hand on the 1st day of February 2018, A.D., at 1:27 o'clock P.M. and EXECUTED (NOT EXECUTED) by CERTIFIED MAIL, on the _____ day of _____ 20____, by delivering to: _____ at 20TH CONSTITUTIONA AVE N W WASHINGTON DC 20551 a true copy of this Citation, upon which I endorsed that date of delivery, together with the accompanying copy of the CITATION with ORIGINAL ADMINISTRATIVE ACT: SURCHARGING AFFIDAVIT OF TRUTH AND FACT.

Cause of failure to execute this Citation is _____.

Donna Kay McKinney
Clerk of the District Courts of
Bexar County, TX
By: *Isaias Ibarra*, Deputy

ORIGINAL (DK003)

101 W. NUEVA, SUITE 217
ANTONIO, TEXAS 78205-3411
TURN SERVICE REQUESTED



GOVERNORS OF THE FEDERAL RESERVE SYSTEM
20TH CONSTITUTIONA AVE
N W WASHINGTON, DC 20551

2018C101620 2/1/2018 CITCH ISAIAS IBARRA



2018-CI-01628

438TH JUDICIAL DISTRICT COURT

DICKSON M GEORGE VS BOARD OF GOVERNORS O

DATE FILED: 01/29/2018

1 Malik-Mikaere: Sales Rep. Secured Party
 2 DBA DICKSON MICHAEL GEORGE: Secured Party
 3 Bailiff/Sole Beneficiary/Holder in Due Course
 4 Auth. Rep of MICHAEL GEORGE DICKSON LLC
 5 S.S. [REDACTED] EIN [REDACTED]
 6 c/o Non-Domestic Foreign mail PMB 8610 Woodpath Ln.
 7 Houston Territory, Texas Republic-without the U.S.
 8 [77075]

AFFIDAVIT OF
INABILITY**Administrative act:**

Surcharging Affidavit of truth and fact.

19JAN2018

9 Via Subrogate: DICKSON MICHAEL GEORGE,) D-U-N-S No.: 05-987-3884 Public record
 10 Equitable Demandant,) Reg mail:

Complaint Bill

11 vs.
 12 BOARD OF GOVERNORS OF THE FEDERAL
 13 RESERVE SYSTEM
 14 20th ST. & Constitutional Ave N.W.
 15 Washington D.C. 20551
 16 D-U-N-S No.: 00-195-9410

Annulment of perpetual Justitium

Respondent et al,

BY:

DEPUTY

2018 JAN 29 P 4:08

FILED
DONNA KAY HEKIMNEY
DISTRICT CLERK
BEXAR COUNTY

15 Respondeat Superior et al;

17 11/15/2017 A Legally validated, "Versacheck Security Business", third party
 18 "Validated DNA Secure Check", verifiable at "gValidate.com"; Draft No:1008,
 19 account # [REDACTED] was lawfully sent for processing, (via Bank of America
 20 checking account San Antonio) to the F.R.B. 1000 PEACHTREE ST. ATLANTA GA:
 21 30309, and was returned stamped "FRAUD". "RETURN REASON-N ALTERED/FICTITIOS"
 22 (EX. A). Due Diligence being mandatory in the financial industry, Ignorantia
 23 juris non excusat, the ex delicto action taken is in violation of the
 24 following Laws and Statutes, inter alia.

25 1)RICO: TITLE 18 U.S. CODE § 1961/62/63/64.65/66/67/68
 26 2)Malpractice: improper, illegal, or negligent professional activity or
 27 treatment, especially by a medical practitioner, lawyer, or public official
 28

1 **3)Subreption:** the deliberate concealment or misrepresentation of facts in
2 order to gain some benefit or advantage.

3 **4)Statements or Entries Generally:** TITLE 18 U.S. CODE § 1001

4 **5)Fraud and related activity in connection with identification documents,**
5 **authentication features, and information alleging facts contrary to truth.**
6 **:18 U.S. Code § 1028**

7 **6)The Unwarranted imposition of Capitis Diminutio Maxima upon One's being.**

8 **7)Defamation of Character:** McGowen v. Prentice, La.App.,341 So.2d 55, 57

9 **8)Fraudulent Concealment:** Newell Bros. v. Hansen, 97 Vt.297, 123 A. 208, 210

10 **9)Grand larceny:** the offense of illegally taking the property of another-in
11 which the value of the property taken is greater than that set for petit
12 larceny.

13 **10)Depravation of Rights Under Color of Law:** TITLE 18 U.S. CODE § 242

14 **11)False Imprisonment:** Johnson vs. Jackson 43 Ill.APP2d 251, 193 N.E.2d 485,
15 489

16 **12)libel:** Bright v. Los Angeles School Dist. 51 Cal. App. 3d 852, 123 Cal.
17 Rptr. 598, 604.

18
19 **Asseveration of fact**

20
21 Being formerly known as Michael-George: Dickson, (born, affected, declined,
22 incorporated and escheated [REDACTED]); I am Malik-Mikaere: Saleem Bay, a
23 Living/Sentient, Plenipotentiary free man on the land, until legally and
24 factually, proven otherwise, do hereby assert Devine, Spiritual, Personal,
25 and Subject Matter Jurisdiction with "Clean Hands", having reached the age of
26 "Majority", In Propria Persona, Pro Se, Sui Juris and affirming the
27 Revendication actions taken and listed herein, are Specifically for these
28 Intentions and Purposes:

- 1) Refute: **"ATTENDED BY A PHYSICIAN"**, [Cretin] Birth certificate medical diagnoses.
- 2) Refute: **"Minority/Wardship Status"**
- 3) Refute: All foreign/external/Fraudulent (based on acquiescence due to Surcharge) Fiduciary/Custodian/Power of Attorney claims imposed upon the legal entity/Debtor known MICHAEL GEORGE DICKSON.
- 4) Asseveration of: National Identity, Honor and Equity
- 5) Asseveration of: **"American"**, **"Natural Person"**, **"IN FULL LIFE"** Status
- 6) Asseveration of: **Right to Demand**; In full, all **"Inheritances"** corporal and incorporeal, in accord with **ARTICLE 22 "TREATY OF PEACE AND FRIENDSHIP"** [1200] 1787.
- 7) Asseveration of: **"Sole Allodium, Inalienable Birthright"** Entity ownership and account management for all **"Freehold Estate"** assets proceeds and products pertaining to, originating from and/or consisting of, **inter alia**;
 - A) Accounts receivable
 - B) Inventory
 - C) Assets
 - D) Accounts
 - E) Chattel paper

Revendication Actions Promulgated

- 1) Articles of Organization, formed 7/16/1967 under laws of Nevada, USA (EX. B)
- 2) [Birth Certificate] Inheritance/Estate Bond with correlating Transaction I.D. (EX. C)

1 3)UCC Financing Statement listing Collateral, debtor and Secured Party
 2 (EX. D)
 3 4)UCC Financing Amendment claiming any and all Assets (EX. E)
 4 5)"Perfection of security interest" in accord with U.C.C Section 9-303
 5 PUBLIC RECORD DUNN&BRADSTREET 05-9873884.
 6

7 Sworn Asseveration Under Penalty Of Perjury
 8

9 I am, Malik-Mikaere: Saleem Bey, being of sound Mind and Body, in-Justness,
 10 having reached the age of Majority, Competent to conduct One's Own Affairs,
 11 and hereby making this Asseveration, In Propria Persona, Pro Se, Sui Juris,
 12 do Solemnly State, Declare & Swear that the Truths and Facts herein are;
 13 firsthand personal knowledge, of One's own Volition, ~~Non-Assumpsit~~, Correct,
 14 Certain, Relevant, Deliberate and Complete Juris et de jure: I am, Malik-
 15 Mikaere: Saleem Bey, affirming Nunc pro tunc; never in the past, not now, nor
 16 ever in the future, do I intend to purposely or otherwise avail myself to be
 17 held in; physical, mental, spiritual, magical, factual, economic,
 18 Hypothetical, theoretical, philosophical involuntary or voluntary; slavery,
 19 wardship, drudgery, serfdom, tenant/vassalage, captivity, bondage, servitude,
 20 thralldom, peonage, occupation, subjugation, benefits, privileges, and/or
 21 opportunities offered, in any shape, form or fashion whatsoever, irrelevant
 22 of nomen or type of enactment. Leges posteriores priores contrarias abrogant.
 23

24 Judgement in Default/Decree/Effect
 25

26 Having Plenum Dominium with Sole Jurisdiction of, by, for and in Jus Divinum,
 27 [and in acceptance with U.S. Public law: Chap. 48, 48 Stat. 112] do hereby
 28 Decree/order all relevant entities/parties to: Honor One's Checks/Drafts,

1 allowing one access to One's own book entry credit, fiscal value 11/15/2017:
 2 3,156,100,431 USD. Account numbers: [SS] [REDACTED] [EIN] [REDACTED] and [D-U-N-
 3 S] [REDACTED] thereby making one who's name is on the [minority] account's
 4 [held in custodial/majority TD accounts] the sole "Entity Account Manager"
 5 or; Establish the same with equivocal account/s or; issuance of a [cashier's]
 6 check for the "amount to date" fiscal value of the accumulated Estate's
 7 mortgages, dividends products and proceeds or Cash me out. Obedience to the
 8 law being de jure and de facto mandatory. *Actus judicarius coram non judice*
 9 *irritus habetur; de ministerial autem a quocunque provenit ratum esto.*

10 11 Rebuttals

12
 13 Any "Natural Person", man or woman, having firsthand irrefutable personal
 14 knowledge and evidence of all facts herein and having absolute power and
 15 authority to rebut this "Affidavit/complaint" must do so in their Proper
 16 Person, sui juris, affirming their own volition, with the rebutting party's
 17 own name and signature, endorsement notarized, under penalty of perjury,
 18 willing to testify, executed as true, correct, and complete with positive
 19 proof attached. Absent positive proof any rebuttal shall be deemed null and
 20 void having no force or effect, thereby waiving any counter claimant
 21 immunities or defenses. Any rebuttal shall be mailed to the Demandant and the
 22 Notary address within 21 calendar days of receipt of this Affidavit. Absent
 23 of rebuttals received by both the Demandant and the Notary within 21 days of
 24 receipt said Affidavit, this "Asseveration of Truth and Fact" shall stand
 25 Authentic with full force of Law.

1 I now affix my Signature & Seal giving value to this, Sworn under Penalty of
2 Perjury "Surcharging Affidavit of Truth and Fact".

3 Without Prejudice, Under Reserve,

4 Author, Legal Demandant: Malik Bey

5 Malik-Mikaere: Saleem Bey, GRANTOR, Auth. Rep.

6 for MICHAEL GEORGE DICKSON, [REDACTED]

7
8 JURAT

9 STATE OF TEXAS)

10 COUNTY OF BEXAR)

11 SUBSCRIBED AND SWORN TO BEFORE ME on this 24 Day of JAN., 2018,

12 by Malik-Mikaere: Saleem Bey, proved to me on the basis of satisfactory

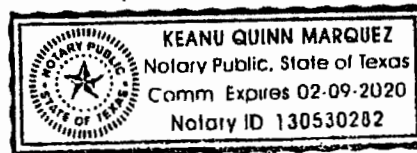
13 evidence to be the man who appeared before me.

14
15
16 [Signature]

Notary stamp

17 - Place Notary Signature Above -

18 Commission Expires 02/09/2020



21
22
23
24
25
26
27
28 Seal:



THIS DOCUMENT HAS A COLORED BACKGROUND AND MICROPRINTING. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

**MICHAEL GEORGE DICKSON**8610 WOODPATH LN
HOUSTON, TX 77075
510-871-0369

FRB

1000 PEACHTREE ST, N.E.
ATLANTA, GA 30309-4470
866-234-568105-10
00033

Ex. A

1008

DATE

11/13/2017

Reference:

PAY

MICHAEL GEORGE DICKSON Llc

\$

****7,000.00****SEVEN-THOUSAND AND 00/100*******

DOLLARS

TO THE
ORDER
OF**MICHAEL GEORGE DICKSON Llc**
8610 WOODPATH LN
HOUSTON, TX 77075VALIDATED DNA SECURE™ CHECK
Verify at gValidate.com

Memo

*Michael Dickson**111012822*
11/15/2017
323309173This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
checkRETURN REASON-N
ALTERED /
FICTITIOUS*18370001*
7251
1
*02203*0018022300
0010001461 11/15/2017

ALTER/FICT

1110001461
11/15/2017
323765837605230277
0310000253 11/15/2017

MICHAEL GEORGE DICKSON		NO	1008
8610 WOODPATH LN HOUSTON, TX 77075 510-871-0369		DATE	11/13/2017
PAY TO THE ORDER OF		AMOUNT	\$ 7,000.00
MICHAEL GEORGE DICKSON Llc		DOLLARS	
TO THE ORDER OF		MICHAEL GEORGE DICKSON Llc	
8610 WOODPATH LN HOUSTON, TX 77075		MICHAEL GEORGE DICKSON	

Ex. A

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Ex.B

Office of the Secretary of State

CERTIFICATE OF REGISTRATION OF NAME OF

MICHAEL GEORGE DICKSON

The undersigned, as Secretary of State of Texas, hereby certifies that the above organization formed under the laws of Nevada, USA has registered its name in this office pursuant to the provisions of Section 5.152 of the Texas Business Organizations Code effective through 09/07/2017.

Issuance of this certificate of registration does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 09/07/2016



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Form 502

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$40



**Application for Registration
of an Entity Name**

Filed in the Office of the
Secretary of State of Texas
Filing #: 802536198 09/07/2016
Document #: 688400500004
Image Generated Electronically
for Web Filing

Entity Name

The organization named below is a foreign filing entity not registered to ~~do~~ business in Texas, and submits this application to register its name under sections 5.151 to 5.152 of the Texas Business Organizations Code.

MICHAEL GEORGE DICKSON

Entity Address

8610 WOODPATH LN, HOUSTON, TX, USA 77075

Jurisdiction and Date of Formation

The organization was formed on 7/16/1967 under the laws of **NEVADA, USA**

Nature of Business

The nature of the organization's business is:

Solicitor, INTERNATIONAL TRADE, TRUST

Certification of Existence

The undersigned authorized person certifies that the organization validly ~~exists~~ and is doing business under the laws of its jurisdiction of formation as a:

Foreign Limited Liability Company (LLC)

Letter of Consent

A letter of consent, if required is attached.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: **September 7, 2016**

Hilear Godwin

Signature of applicant, applicant's attorney or agent

FILING OFFICE COPY

**VitalChek Receipt
Nevada Vital Records**

Ex. C

Date / Time: 5/9/2017 05:31 PM CDT
Order Number: 67401384
Line Item: 1 of 2
Certificate Type: BIRTH CERTIFICATE
Name on Certificate: MICHAEL GEORGE DICKSON
Event Date: [REDACTED]
Number of Copies: 1
Applicant's Phone: (510)-871-0369

**MICHAEL DICKSON
8610 WOODPATH LN.
HOUSTON, TX 77075**

**Method of Delivery:
UPS Air**



Authorization Code: 07397D

Agency Fee:	\$40.00
Other Agency Fee:	\$0.00
Misc Fee:	\$0.00
Shipping:	\$20.00
VCN Handling:	\$12.50
Total Order Fees:	\$72.50

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

STATE OF NEVADA—DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

67-004233

REGISTRAR'S No. 2384		BIRTH No. 127	
1. PLACE OF BIRTH: STATE OF NEVADA A. COUNTY Clark		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) A. STATE Nevada B. COUNTY Clark	
B. CITY, TOWN, OR LOCATION Las Vegas		C. CITY, TOWN, OR LOCATION Las Vegas	
C. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) So. Nevada Memorial Hospital		D. STREET ADDRESS 1801 North "J" Street, Apartment 202D	
D. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CHILD	3. NAME (Type or print): (First) Michael (Middle) George (Last) Dickson		
	4. SEX Male 5A. THIS BIRTH SINGLE 5B. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input checked="" type="checkbox"/> 3d <input type="checkbox"/>		
FATHER	7. NAME (First) Velvet (Middle) Lee (Last) Dickson		8. COLOR OR RACE Negro
	9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Texas	11A. USUAL OCCUPATION Commercial Artist
MOTHER	12. MAIDEN NAME (First) Dorothy (Middle) Lavon (Last) Haywood		13. COLOR OR RACE Negro
	14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) California	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are now dead? 0 c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0
17. INFORMANT'S SIGNATURE <i>Dorothy Lavon Haywood Dickson</i>			
18. MOTHER'S MAILING ADDRESS 1801 North "J" Street, Apartment 202D, Las Vegas, Nevada			
18A. SIGNATURE <i>Jan J. Sheld, M.D.</i>		18B. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	
18C. ADDRESS Harrison H. Sheld, M.D. Las Vegas, Nevada		19D. DATE SIGNED 7/18/67	
19. DATE REC'D. BY LOCAL REG. JUL 25 1967		20. REGISTRAR'S SIGNATURE <i>Helen Staccia Rep</i>	
		21. DATE ON WHICH GIVEN NAME ADDED BY <input type="checkbox"/> (Registrar)	

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAY 10 2017

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



Ex. D

Uniform Commercial Code
P.O. Box 13193
Austin, Texas 78711-3193



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

DICKSON, MICHAEL GEORGE
Attn: MICHAEL GEORGE DICKSON
8610 Woodpath Ln
Houston, TX 77075 -

September 20, 2016
Page 1 of 1
Filing Fee: \$5.00
Total Filing Fee: \$5.00

Re: Texas UCC Initial Filing Acknowledgment

The Texas Secretary of State's Office has received and filed your document. The information below reflects the data that was indexed into our system.

Initial Filing Type: Financing Statement

Initial Filing Number: 16-0030979843

Filing Date: 09/20/2016

Filing Time: 6:47 a.m.

Lapse Date: 09/20/2021

Document Number: 690396240002

Party Type

Party Name and Address

Secured Party

DICKSON MICHAEL GEORGE

8610 WOODPATH LN., HOUSTON, TX, USA,

Debtor

MICHAEL GEORGE DICKSON

8610 WOODPATH LN., HOUSTON, TX, USA,

Debtor

MICHAEL GEORGE DICKSON LLC

8610 WOODPATH LN., HOUSTON, TX, USA,

Please feel free to contact us at 512-475-2703 if you have any questions regarding the above information.

User ID: WEBSUBSCRIBER

Come visit us on the Internet @ <http://www.sos.state.tx.us>

Phone: 512-475-2703

Fax: 512-463-1423

Dial 7-1-1 for Relay Services

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) MICHAEL GEORGE DICKSON 5108710369
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) DICKSON, MICHAEL GEORGE 8610 Woodpath Ln Houston, TX 77075 USA

FILING NUMBER: 16-0030979843

FILING DATE: 09/20/2016 06:47 AM

DOCUMENT NUMBER: 690396240002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

Michael George Dickson

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8610 Woodpath Ln.

Houston

TX

USA

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

MICHAEL GEORGE DICKSON LLC

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8610 Woodpath Ln.

Houston

TX

USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Dickson

Michael

George

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8610 Woodpath Ln.

Houston

TX

USA

4. COLLATERAL: This financing statement covers the following collateral:
STATE OF NEVADA-DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH-SECTION OF VITAL STATISTICS
REGISTRAR'S No. 24984 CERTIFICATE OF LIVE BIRTH No. 127-67-004233

1. PLACE OF BIRTH: STATE OF NEVADA

A. COUNTY: CLARK

B. CITY, TOWN, OR LOCATION: Las Vegas

C. NAME OF HOSPITAL OR INSTITUTION: So. Nevada Memorial Hospital

D. IS PLACE OF BIRTH INSIDE CITY LIMITS: YES

2. USUAL RESIDENCE OF MOTHER (Where does mother live)

A. STATE: Nevada

B. COUNTY: Clark

C. CITY, TOWN, OR LOCATION: Las Vegas

D. STREET ADDRESS: 1801 North "J" Street Apartment 202D

E. IS RESIDENCE INSIDE CITY LIMITS: YES

F. IS RESIDENCE ON A FARM: NO

CHILD

3. NAME: Michael George Dickson

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☒ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing
6b. Check only if applicable and check only one box.

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☒ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

802536198

page 2

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐9a. ORGANIZATION'S NAME
OR Michael George Dickson
9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

OR 10a. ORGANIZATION'S NAME

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Godwin

Hilear

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

8610 Woodpath Ln.

Houston

TX

USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

4. SEX: Male

5. THIS BIRTH: single

6. DATE OF BIRTH: [REDACTED]

FATHER

7. NAME: Velvet Lee Dickson

8. COLOR OR RACE: Negro

9. AGE (At time of this birth): 26 YEARS

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in Item 16 (If Debtor does not have a record interest):

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Description of real estate:

17. MISCELLANEOUS:

page 3

**UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS**

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

OR	9a. ORGANIZATION'S NAME Michael George Dickson
	9b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

4. This FINANCING STATEMENT covers the following collateral:

10. BIRTHPLACE (State or foreign country): Texas

11A. USUAL OCCUPATION: Commercial artist

11B. KIND OF BUSINESS OR INDUSTRY: Own Account

MOTHER

12. MAIDEN NAME: Dorothy Lavon Haywood

13. COLOR OR RACE: Negro

14. AGE (at time of birth): 24YEARS

15. BIRTHPLACE: California

16. PREVIOUS DELIVERIES BY MOTHER: 2

17. INFORMANT'S SIGNATURE: Dorothy Lavon Haywood Dickson

18. MOTHERS MAILING ADDRESS: 1801 North "J" Street, Apartment 202D, Las Vegas, Nevada

I hereby certify that this child was born alive on the date above at 12:05pm

18A. SIGNATURE: Harrison H. Sheld M.D.

18B. ATTENDANT AT BIRTH: M.D.

18C. ADDRESS: Harrison H. Sheld M.D. Las Vegas, Nevada

18D. DATE SIGNED: 07/18/67

19. DATE REC'D BY LOCAL REG.: JUL 25 1967

20. Helen Davis Dep.

FILING OFFICE COPY

Uniform Commercial Code
P.O. Box 13193
Austin, Texas 78711-3193



Rolando B. Pablo
Secretary of State

Office of the Secretary of State

DICKSON, MICHAEL GEORGE

Attn:
8610 Woodpath Ln
Houston, TX 77075 -

September 20, 201

Page 1 of

Filing Fee: \$5.0

Total Filing Fee: \$5.0

Re: Texas UCC Amendment Filing Acknowledgment

The Texas Secretary of State's Office has received and filed your document. The information below reflects the data that was indexed into our system.

Initial Filing Type: Financing Statement

Amendment Filing Number: 17-00319355

Initial Filing Number: 16-0030979843

Filing Date: 09/20/2017

Filing Time: 12:44 p.m.

Lapse Date: 09/20/2021

Document Number: 762482950002

Amendment Type: Collateral Change

Please feel free to contact us at 512-475-2703 if you have any questions regarding the above information.

User ID: WEBSUBSCRIBER

Come visit us on the Internet @ <http://www.sos.state.tx.us>

Phone: 512-475-2703

Fax: 512-463-1423

Dial: 7-1-1 for Relay Serv

FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) DICKSON, MICHAEL GEORGE 5108710369
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) DICKSON, MICHAEL GEORGE 8610 Woodpath Ln Houston, TX 77075 USA

FILING NUMBER: 17-00319355

FILING DATE: 08/20/2017 12:44 PM

DOCUMENT NUMBER: 762482950002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

16-0030979843

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of the Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and also name of Assignor in item 9.
For partial assignment, complete item 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes. This Change affects ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to:☐ **CHANGE** name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ **ADD** name: Complete item 7a or 7b, and item 7c ☐ **DELETE** name: Give record name to be deleted in item 6a or 6b.6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR
7b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

8. ☒ **COLLATERAL CHANGE:** Also check one of these four boxes: ☒ **ADD** collateral ☐ **DELETE** collateral ☐ **RESTATE** covered collateral ☐ **ASSIGN** collateral
Indicate collateral:

all inventory associated with, coming from, or pertaining to the Birth Certificate/Inheritance bond previously listed, including, but not limited to, all Treasury Direct Accounts, all Social Security Accounts, all Securities and Hypothecated funds derived from, all Bank Accounts and the assets/cash/book entry credit within, all Accounts Receivable, all Chattel Paper, all Real Estate, all Collateral Proceeds and Collateral Products

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR
9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
DICKSON MICHAEL GEORGE10. **OPTIONAL FILER REFERENCE DATA:**

FILING OFFICE COPY

NOTICE: THIS DOCUMENT

2018-CI-01628

438TH JUDICIAL DISTRICT COURT

'Cause Number DICKSON M GEORGE VS BOARD OF GOVERNORS OF

DATE FILED: 01/29/2018

is form)

Plaintiff: Malik Bey
(Print first and last name of the person filing the lawsuit.)

In the (check one):

- ☐ District Court
☐ County Court / County Court at Law
☐ Justice Court

Court
NumberDefendant: BOG Federal Reserve System
(Print first and last name of the person being sued.)

County _____ Texas

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

**AFFIDAVIT OF
INABILITY**
1. Your InformationMy full legal name is: Malik M. Kaere Bey My date of birth is: [REDACTED]
First Middle Last Month/Day/YearMy address is: (Home) 6610 Woodpath Ln
(Mailing) _____My phone number: 510.487.6369 My email: dicksonmichael1987@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1. <u>[REDACTED]</u>	11	daughter
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

2. Are you represented by Legal Aid?
☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.
3. Do you receive public benefits?
☐ I do not receive needs-based public benefits. - or -

☐ I receive these public benefits/government entitlements that are based on indigency.
(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☐ Other: _____

BY:

DEPUTY

2018 JAN 29 P 10:02

 FILED
 DONNA KAY MCKINNEY
 DISTRICT CLERK
 BEXAR COUNTY